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	44404/570			Complete if Known		
Substitute	for form 1449A/PTO			Application Number	0455146421-	
	ORMATION			Filing Date	September 29, 2005	
ST	ATEMENT B	Y	APPLICANT	First Named Inventor	Karlsson	
		_4		Group Art Unit	Unassigned	
	(use as many she	ets a	s necessary)	Examiner Name	Unassigned	
Sheet	1	of	1	Attorney Docket Number	95726-P1790	

Examiner Initials*	Cite No. <sup>1</sup>	U.S. Patent Document		Name of Patentee of Applicant of Cited Document	Date of Publication of Cited Document	Pages, Columns, Lines, Where Relevant
		Number	Kind Code* (if known)		MM-DD-YYYY	Passages or Relevant Figures Appear
		6,467,922	B1	Blant et al.	10-22-2002	
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Examiner Initials*	Cite No. 1	Foreign Patent Document			Name of Patentee or	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant	
		Office <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)	Applicant of Cited Document	IVIIVI-DD-1111	Passages or Relevant Figures Appear	T <sub>6</sub>
			-					

Examiner	Date
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<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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